

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000404

FILED  
Jan 12, 2012  
Secretary of State

**Entity Name:** THE COALITION OF IMMOKALEE WORKERS, INC.

**Current Principal Place of Business:**

110 SOUTH 2ND ST  
IMMOKALEE, FL 34142 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 603  
IMMOKALEE, FL 34143 US

**New Mailing Address:**

**FEI Number:** 65-0641010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASBED, GREG  
101 HENDRY ST.  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GONZALEZ, MELODY  
Address: 1107 NEW MARKET RD  
City-St-Zip: IMMOKALEE, FL 34142

Title: D  
Name: RODRIGUEZ, MANUEL  
Address: 613 MADISON AVE  
City-St-Zip: IMMOKALEE, FL 34142

Title: PD  
Name: BENITEZ, RAMIRO  
Address: 220 6TH ST N  
City-St-Zip: IMMOKALEE, FL 34142

Title: D  
Name: JEAN CLAUDE, JEAN  
Address: 1530 NE 136 ST 2  
City-St-Zip: MIAMI, FL 33161

Title: SD  
Name: COHORST, MEGHAN  
Address: 306 N 20TH CT.  
City-St-Zip: IMMOKALEE, FL 34142

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JULIA PERKINS

D

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date